

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
D.C. OFFICE OF PERSONNEL**

**CONSENT FORM**

**VOLUNTEER SERVICES OF MINORS**

1. Volunteer's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_ 19\_\_\_\_  
(First Name, Middle Initial, & Last Name)

3. Address: \_\_\_\_\_ 4. Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

5. Last Grade Completed: \_\_\_\_\_ 6. School: \_\_\_\_\_

**7. CONSENT AND CERTIFICATION**

I, the (father) (mother) (guardian) of \_\_\_\_\_, hereby give my

consent for: (Name of Minor) \_\_\_\_\_

to volunteer his/her services to the: D.C. Homeland Security & Emergency Management

. (Department or Agency)

I understand that there is no payment for the volunteer services.

I further understand that volunteers are governed by the Volunteer Services Act of 1977 (D.C. Law 2-12), applicable provisions of the District of Columbia Government Comprehensive Merit Personnel Act of 1978 (D.C. Law 2-139), and implementing personnel regulations, as well as the District Personnel Manual.

Signature of Parent or Guardian

Date: